

# CERTIFICATE OF INSURANCE

DATE 9/15/2025

<b>PRODUCER</b> Houchens Insurance Group Inc Po Box 1779 Bowling Green KY 42102-1779 270-781-2020		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>			
<b>POLICYHOLDER</b> Cumberland County Water District 133 Lower River Street Burkesville, KY 42717		<b>INSURER AFFORDING COVERAGE</b> Kentucky Employers Mutual Insurance Lexington Financial Center 250 West Main Street, Suite 900 Lexington, KY 40507 (859) 425-7800 Fax (859) 425-7822			
<b>COVERAGE</b>					
THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE POLICYHOLDER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENTS, TERMS OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY LISTED BELOW IS SUBJECT TO ALL OF THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
<b>TYPE OF INSURANCE</b>	<b>POLICY NUMBER</b>	<b>POLICY EFFECTIVE DATE</b>	<b>POLICY EXPIRATION DATE</b>	<b>LIMITS</b>	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	381521	7/1/2025	7/1/2026	<b>WC STATUTORY LIMITS</b>	
				EL EACH ACCIDENT	\$1,000,000
				EL DISEASE-POLICY LIMIT	\$1,000,000
				EL DISEASE-EA EMPLOYEE	\$1,000,000
<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>			
Cumberland County Water District 133 Lower River Street Burkesville, KY 42717 270-864-3133		<b>SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE KEMI WILL NOT PROVIDE WRITTEN NOTICE TO THE CERTIFICATE HOLDER. THIS CERTIFICATE SHALL NOT IMPOSE ANY OBLIGATION OR LIABILITY OF ANY KIND UPON KEMI OR ITS REPRESENTATIVES.</b>			